

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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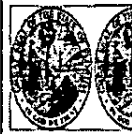
2008 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000084863

1. Entity Name

GLOBAL CNC SOLUTIONS, INC.



Principal Place of Business

364 MARPAN LN  
TALLAHASSEE, FL 32305

Mailing Address

364 MARPAN LN  
TALLAHASSEE, FL 32305



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number

20-2988838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BREWSTER, JAMES R ESQ.  
THE WALKER BUILDING - SUITE 203  
547 NORTH MONROE STREET  
TALLAHASSEE, FL 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PCEO  
NAME DENTON, DAVID P  
STREET ADDRESS 1246 SANDLER RIDGE ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE STD  
NAME DENTON, DAVID P  
STREET ADDRESS 1246 SANDLER RIDGE ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 32317

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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200129228272  
05/14/08--01003--003 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID DENTON

4-30-08 (850) 536-0505